

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

LAURA BEST

Write the full name of each plaintiff.

23 - CV - 2555

(Include case number if one has been assigned)

-against-

Do you want a jury trial?

☒ Yes ☐ No

PARKCHESTER PRESERVATION
Mgmt LLC, PPC PROPERTY SERVICE
OLSHAN PROPERTIES, NEW ALBANY RD

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES**A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

LAURA L Best
 First Name Middle Initial Last Name
28 metropolitan Oval Apt. 16
 Street Address
BRONX NY 10462
 County, City State Zip Code
646-359-7144 THEBEST6101 at AOL.com
 Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1: PARKchester PRESERVATION INC
 Name
2000 East TREMONT AVE.
 Address where defendant may be served
BRONX NY 10462
 County, City State Zip Code

Defendant 2: PPC PROPERTY SERVICE LLC
 Name
OLSHAN PROPERTIES
 Address where defendant may be served
5500 New Albany RD OH 43054-8703
 County, City State Zip Code

Defendant 3:

PPC PROPERTY SERVICE LLC
OLSHAN PROPERTIES
Name
5500 New Albany Road
Address where defendant may be served
New Albany OH 43054-8703
County, City State Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:

PARKCHESTER PRESERVATION MS
Name
2000 East TREMONT AVENUE
Address
BRONX NY 10462
County, City State Zip Code

III. CAUSE OF ACTION

A. Federal Claims

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☐ Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

- ☐ race: _____
☐ color: _____
☐ religion: _____
☐ sex: _____
☐ national origin: _____

- ☒ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: _____

Black

- ☒ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: _____

1961

- ☐ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: _____

- ☐ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: _____

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☐ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☐ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law): _____

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☒ terminated my employment
- ☐ did not promote me
- ☐ did not accommodate my disability
- ☐ provided me with terms and conditions of employment different from those of similar employees
- ☒ retaliated against me
- ☐ harassed me or created a hostile work environment
- ☐ other (specify): _____

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

My NAME is LAURA Best, I WORKED
 FOR PARKCHESTER Preservation MS FOR 33yrs
 I WAS ON VACATION the week of December
 17-2021 ON Friday DEC 15, 2021 MY
 SUPERVISOR CHRYSAL sent me a text of
 the mandated vaccine Pamphlet, I WAS
 RETURNING BACK TO WORK ON MONDAY

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

I did NOT answer Her Because I KNOW she
 WAS GOING ON VACATION the MONDAY WHEN I
 RETURN SO I WENT TO HUMAN RESOURCE
 OFFICE ALSO THE chief OPERATING OFFICE

To ASK FOR some time to get
 Advised FROM a DOCTOR TO see
 IF its OK to take the Vaccine

Both the Human Resource ms
 who is Betty Jiminez and
 the chief operating officer
 Told me ON the Thursday
 Dec 23 that is when
 they Decided to speak to
 me I WORKED the Monday
 TO Thursday by myself

Because it was only me
 and my supervisor was left
 after the ~~let~~ another Lady
 that was WORKING WITH US go
 when the pandemic started.

they Purposely came and speak to
 me at the last minute.

I ask FOR time Because I have seasonal
 Allergies, a second heart Beat and

I am a vegan Both Betty Jiminez & Ricky Pizarro
 I have leave OF Absent without pay the I got
 a Fed Ex that I am terminate

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 2021

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? _____

When did you receive the Notice? _____

☐ No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

☐ direct the defendant to hire me

☐ direct the defendant to re-employ me

☐ direct the defendant to promote me

☐ direct the defendant to reasonably accommodate my religion

☐ direct the defendant to reasonably accommodate my disability

☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here):

I am Seeking Help IN the Wright
Way I am Seeking Money FOR the
Wrong that they Did to me
Justice is Very Important I am
NOT lying I am Seeking Help.

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

3/24/23
 Dated
Laura L BEST
 First Name Middle Initial Last Name
28 Metropolitan Blvd Apt 16
 Street Address
Bronx NY 10462
 County, City State Zip Code
646-359-7146 THE BEST 6101 & Aol. com
 Telephone Number Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.



TRACIE L. COVEY
CHIEF ADMINISTRATIVE LAW JUDGE
CHRISTOPHER M. TATE
JUSTIN DENTON
MARK SOKOLOWSKI
PRINCIPAL ADMINISTRATIVE LAW JUDGE

STATE OF NEW YORK
UNEMPLOYMENT INSURANCE APPEAL BOARD
ADMINISTRATIVE LAW JUDGE SECTION
P.O. BOX 29002
BROOKLYN NY 11202-9002
(718) 613-3500
FAX: (718) 613-3566

DENNIS TORREGGIANI
ALISON FERRARA
RACHEL FREEMAN
CAROL PROCOPIO
BENJAMIN H. REYES
SENIOR ADMINISTRATIVE LAW JUDGE

DECISION AND NOTICE OF DECISION
DECISIÓN Y AVISO DE LA DECISIÓN TOMADA

A.L.J. Case No. 022-19883

Mailed and Filed: September 8, 2022

IN THE MATTER OF:

LAURA L BEST
28 METROPOLITAN OVAL, 1G
BRONX NY 10462-6735

PARCHESTER PRESERVATION MG
2000 EAST TREMONT AVE
BRONX NY 10462-0000

PPC PROPERTY SERVICES LLC
OLSHAN PROPERTIES
5500 NEW ALBANY RD
NEW ALBANY OH 43054-8703

HERRICK FEINSTEIN LLP
2 PARK AVENUE
NEW YORK NY 10016-8703

AVERY MEHLMAN
HERRICK FEINSTEIN LLP
2 PARK AVENUE
NEW YORK NY 10016

Department of Labor Office: 831

Hearing Requested: July 25, 2022

PLEASE TAKE NOTICE that this decision has been duly mailed on the date listed above. If you appeared at the hearing and are not satisfied with this decision, you may appeal within **TWENTY DAYS** from the date this decision was mailed. **READ IMPORTANT INFORMATION ON REVERSE SIDE REGARDING YOUR RIGHT TO APPEAL.** Any party who failed to appear at the hearing has the right to apply to reopen the case. For the application to be granted, the party must apply within a reasonable time and must establish good cause for its failure to appear.

POR FAVOR TOME NOTA: esta decisión ha sido debidamente enviada por correo en la fecha que aparece arriba. Si usted asistió a la audiencia y no está satisfecho con la decisión, puede apelar dentro de **VEINTE DIAS** contados a partir de la fecha en que esta decisión fue enviada por correo. **LEA LA INFORMACIÓN IMPORTANTE AL REVERSO SOBRE SUS DERECHOS DE APELACIÓN.** Cualquiera de las partes que falle en comparecer a la audiencia, tiene el derecho de solicitar que se reabra su caso. Para que dicha solicitud sea otorgada, la parte interesada debe solicitarlo dentro de un periodo de tiempo razonable y debe establecer buena causa por no haber comparecido a la audiencia.

DOCUMENTO IMPORTANTE. PUEDE OBTENER UNA TRADUCCIÓN DEL MISMO LLAMANDO
AL 1-888-209-8124 (FUERA DEL ESTADO DE NUEVA YORK 1-877-358-5306)

ISSUES: Voluntary leaving of employment without good cause.
Loss of employment through misconduct.

The Department of Labor issued the alternate initial determinations [a] disqualifying the claimant from receiving benefits, effective December 28, 2021, on the basis that the claimant voluntarily separated from employment without good cause; and/or [b] disqualifying the claimant from receiving benefits effective December 28, 2021, on the basis that the claimant lost employment through misconduct in connection with that employment and holding that the wages paid to the claimant by PARCHESTER PRESERVATION MG prior to December 28, 2021 cannot be used toward the establishment of a claim for benefits. The claimant requested a hearing.

Telephone conference hearings were held at which testimony was taken. There were appearances by the claimant and on behalf of the employer.

FINDINGS OF FACT: The claimant worked for approximately thirty-three (33) years, most recently as a tenant legal services associate, for the employer, a residential company. At the time of her separation, the claimant worked full-time and earned \$25,000 per year.

The claimant has "severe" allergies (including dairy) and a second heartbeat. The claimant was advised by her former physician that due to an allergic reaction to eggs and a cyst that he was unable to give her any vaccinations (this conversation was not regarding the COVID-19 vaccination as the conversation occurred prior to the existence of the COVID-19 vaccination). The claimant has never been received vaccinations and only takes over the counter medicine. In January 2021, the claimant tried to contact her doctor. At that time, she found out that his practice closed during the pandemic. She tried to get her medical records at no avail.

On December 13, 2021, a mandate was enacted by the Commissioner of Health, among others, that all employees working in offices in New York City needed to be vaccinated by December 27, 2021. On December 15, 2021, the employer issued a memo which was distributed to its employees that pursuant to this mandate all employees needed to be vaccinated by December 27, 2021. On December 17, 2021, the claimant was informed, by text message, that she needed to be vaccinated by December 27, 2021 pursuant to the mandate (the memo was sent by text message). The claimant was out of the office until December 20, 2021. On December 21, 2021, the claimant was given a reasonable accommodation form by the employer which needed to be submitted by December 27, 2021. On December 23, 2021, the claimant met with the regional HR director (BJ). During that meeting, the claimant stated she was seeking a medical exemption. She was advised that she can return the reasonable accommodation form, which needed to be signed by a doctor, and that she had to do so by December 27, 2021. The employer's office was closed on December 24, 2021 (it was Christmas Eve). December 25, 2021 was a Saturday and December 26, 2021 was a Sunday. After receiving the reasonable accommodation form, the claimant contacted friends and family to get referrals for doctors at no avail. The claimant went to a "Parkchester" doctor (under the employer's umbrella) on December 27, 2021 but was told that no appointment were available. As a result, the claimant was unable to submit her reasonable accommodation by December 27, 2021 because it needed to be signed by a doctor and she had been unsuccessful in seeing a doctor. Further, she did not receive the COVID-19 vaccination by December 27, 2021 because she was worried about the affect it would have due to her severe allergies and second heartbeat which caused her former doctor not to give her any vaccines. The claimant was terminated on December 27, 2021 (by way of a letter which the claimant received on December 28, 2021) for failing to get the mandated COVID-19 vaccination.

OPINION: Pursuant to Labor Law § 593 (1) (a), a claimant is disqualified from receiving benefits after a voluntary separation from employment without good cause. Pursuant to Labor Law § 593 (3), a claimant is disqualified from receiving benefits after having lost employment through misconduct in connection with that



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

AA Dirby

New York District Office
33 Whitehall St, 5th Floor
New York, NY 10004
(929) 506-5270
Website: www.eeoc.gov

DETERMINATION AND NOTICE OF RIGHTS

(This Notice replaces EEOC FORMS 161 & 161-A)

Issued On: 11/04/2022

To: Laura Best
28 Metropolitan Oval, Apt 1G
Bronx, NY 10462

Charge No: 16G-2022-01714

EEOC Representative and email: Holly Shabazz
S/L Program Manager
holly.shabazz@eeoc.gov

DETERMINATION OF CHARGE

The EEOC issues the following determination: The EEOC will not proceed further with its investigation and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated your charge.

NOTICE OF YOUR RIGHT TO SUE

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, **your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice.** Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission,

Digitally Signed By: Timothy Riera
11/04/2022

Timothy Riera
Acting District Director

Section
Patterson

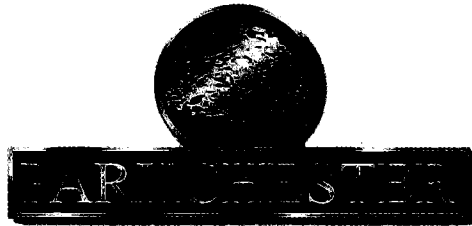
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506-5312

929 506
5270

10216081
H
HR

1800 564 7118

6694000



2000 East Tremont Avenue, Bronx, NY 10462

December 27, 2021

Laura Best
28 Metropolitan Oval, #1G
Bronx, NY 10462

Mail Tracking:

RE: Termination - Failure to Comply
NYC Vaccine Mandate, Effective December 27, 2021

Dear Name:

Pursuant to the NYC Vaccine Mandate, all employees were required to have provided proof of at least one dose of a vaccination against COVID-19 via the ADP mobile application or have submitted a request for an exemption/reasonable accommodation to this requirement, by December 27, 2021.

Since you have failed to either provide proof of vaccination or submit a request for an exemption/reasonable accommodation by December 27, 2021, you are hereby terminated effective immediately.

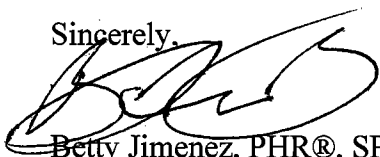
You will need to keep the company informed of your contact information so that we are able to provide the information you may need in the future such as your W-2 form. If you move and/or your mailing address changes, you must send the Human Resources Department a letter with your updated address. Address the letter to:

Human Resources Department
2000 East Tremont Avenue
Bronx, New York 10462

Enclosed you will find the record of employment form for your reference.

If you have any questions or concerns, please feel free to contact me at 718-536-2052.

Sincerely,



Betty Jimenez, PHR®, SPHR®
Regional Human Resources Director

STATE OF NEW YORK
**UNEMPLOYMENT INSURANCE
APPEAL BOARD**
ADMINISTRATIVE LAW JUDGE SECTION
Phone: (718) 613-3500
Fax: (718) 613-3566
www.labor.ny.gov/ui-appeal



**Notice of Unemployment Insurance Hearing
Notificación de audiencia sobre Seguro por Desempleo**

In the Matter of:
LAURA L BEST

ALJ Case No: 022-19883

S.S.N. or E.R.No. xxx-xx-8953

ASO:

How the parties will appear:
Como comparecerán las partes:

The **CLAIMANT** will be called at: **(718) 823-4798**

The **EMPLOYER** will be called at: **(718) 518-1000**
The **EMPLOYER REPRESENTATIVE** will be called
at: **(718) 536-2100**

If any of the information listed above is incorrect please provide the correct information by writing or faxing the office listed at the top of page 1.

Si la información anterior está incorrecta, sírvase suministrar la información correcta por escrito o por fax a la oficina indicada en la parte de arriba de la página 1.

PURPOSE OF HEARING:

To determine the following issue(s):

022-19883 Voluntary leaving of employment without good cause.

022-19883 Loss of employment through misconduct.

PROPÓSITO DE LA AUDIENCIA:

Determinar el / los siguiente(s) tema(s):

022-19883 Abandono voluntario de empleo sin causa justificada.

022-19883 Perdida de empleo por conducta incorrecta.

Special Instructions:

NOTE TO EMPLOYER - PRODUCE WITNESS(ES) WITH FIRST HAND KNOWLEDGE OF THE INCIDENT CAUSING THE EMPLOYMENT TO END.

NOTE TO EMPLOYER - PRODUCE THE INDIVIDUAL WHO MADE THE DECISION TO DISCHARGE THE CLAIMANT.

NOTE TO EMPLOYER - PRODUCE WITNESS(ES) WITH FIRSTHAND KNOWLEDGE OF RELEVANT

Please look on the reverse side for additional information.

Keep this notice and bring it to hearing.

Page
3

Sírvase leer el reverso para obtener información adicional.

Guarde esta notificación y tráigala consigo a la audiencia.

AB-666 (07/13)

NOTE TO EMPLOYER - PRODUCE DOCUMENTATION RELIED UPON IN MAKING THE DECISION TO DISCHARGE THE CLAIMANT.

NOTE TO EMPLOYER - PRODUCE COPY OF POLICY VIOLATED AND PROOF THE CLAIMANT RECEIVED IT.

THIS NOTICE OF HEARING IS TO INFORM YOU OF THE NEW DATE AND TIME THAT HAS BEEN SET FOR THE CONTINUATION OF YOUR PREVIOUSLY ADJOURNED HEARING.

REVIEWING YOUR FILE:

You can review your case file Monday through Friday between the hours of 09:00 AM and 04:00 PM at:

Phone: 718-613-3500

It is recommended that you review your file prior to the day of the hearing. The file is also available for review on the day of the hearing. To review your file on the day of the hearing, please arrive at least 30 minutes before your hearing.

REVISIÓN DE SU EXPEDIENTE

Puede revisar el expediente de su caso de lunes a viernes de 09:00 AM a 04:00 PM en

Phone: 718-613-3500

Le recomendamos que revise su expediente antes del día de la audiencia. También podrá revisar su expediente el día de la audiencia. Si desea revisar su expediente el día de la audiencia, le recomendamos que llegue por lo menos 30 minutos antes de la hora programada para la audiencia.

Documents You Should Bring To the Hearing or Mail/Fax If the Hearing Is By Telephone:

- 1) This notice.
- 2) Any documents that you believe will help explain your case.
- 3) Please provide at the hearing an original copy and two photocopies of each document you intend to offer into evidence. For those parties participating by telephone, you should fax/mail photocopies of all of the documents you intend to offer into evidence to the hearing office and to all parties at least 3 days before your scheduled hearing.

Documentos que debe llevar consigo a la audiencia o que debe enviar por correo o por fax si la audiencia se realiza por teléfono:

- 1) Este aviso.
- 2) Todo documento que usted crea le ayudará a explicar su caso.
- 3) En la audiencia, suministre una copia original y dos fotocopias de cada uno de los documentos que presentará como pruebas. Las partes que comparecen por vía telefónica, les sugerimos mandar por fax o por correo copias de todos los documentos que presentarán como pruebas ante la oficina de audiencias y ante todas las partes, con por lo menos, 3 días de anticipación a la fecha programada de la audiencia.

Please look on the next page for additional information.

UI Appeal Board, ALJ SECTION
P.O. BOX 29002
BROOKLYN NY 11202-9002

STATE OF NEW YORK
**UNEMPLOYMENT INSURANCE
APPEAL BOARD**
ADMINISTRATIVE LAW JUDGE SECTION
Phone: (718) 613-3500
Fax: (718) 613-3566
www.labor.ny.gov/ui-appeal



LAURA L BEST
28 METROPOLITAN OVAL, 1G
BRONX NY 10462-6735

**Notice of Unemployment Insurance Hearing
Notificación de audiencia sobre Seguro por Desempleo**

Date Of This Notice: August 25, 2022

In the matter of:
LAURA L BEST

ALJ Case No: 022-19883

Date of Hearing: Thursday September 8, 2022

S.S.N. or E.R.No.: xxx-xx-8953

Time of Hearing: 11:00 AM ET

You are hereby notified to appear by Telephone
and you will be called at: (718) 823-4798

**You must arrive on time or you may not be heard.
Usted tiene que llegar a la hora programada o su
audiencia podría no llevarse a cabo.**

Before:
Dawn Mark
Administrative Law Judge

See page 3 for the purpose of this hearing.
Lea la página 3 para averiguar el motivo de esta audiencia.

Rescheduled Hearing as a result of a Prior Adjournment.
CLMT

Please look on the reverse side for additional information.

Keep this notice and bring it to hearing.

Sírvase leer el reverso para obtener información adicional.

Guarde esta notificación y tráigala consigo a la audiencia.

Notice of Unemployment Insurance Hearing
Notificación de audiencia sobre Seguro por Desempleo

LAURA L BEST
28 METROPOLITAN OVAL, 1G
BRONX NY 10462-6735

PARCHESTER PRESERVATION MG
2000 EAST TREMONT AVE
BRONX NY 10462-0000

PPC PROPERTY SERVICES LLC
OLSHAN PROPERTIES
5500 NEW ALBANY RD
NEW ALBANY OH 43054-8703

HERRICK FEINSTEIN LLP
2 PARK AVENUE
NEW YORK NY 10016-8703

AVERY MEHLMAN
HERRICK FEINSTEIN LLP
2 PARK AVENUE
NEW YORK NY 10016

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Si la información anterior está incorrecta, sírvase suministrar la información correcta por escrito o por fax a la oficina indicada en la parte de arriba de la página 1.

Please look on the next page for additional information.
Sírvase pasar a la siguiente página para obtener información
adicional.



HERRICK

Meaghan Roe
Associate

Phone: 212.592.1632
Fax: 212.545.2322
mroe@herrick.com

August 11, 2022

VIA USPS EXPRESS MAIL

Brooklyn UIAB Hearing Section
P.O. Box 29002
Brooklyn, NY 11202

Re: In the Matter of: Laura L Best, ALJ Case No: 022-19883

To Whom It May Concern:

This firm represents Employer in the above-referenced matter. We write to correct the contact information for Employer – please call Employer at 212-592-5985 for the August 16, 2022 hearing.

Further, in advance of the hearing, we submit the enclosed Employer Exhibits:

- **Exhibit A**: this is a July 27, 2022 Determination and Order After Investigation of the NYS Division of Human Rights dismissing Claimant's discrimination claims against Employer; and
- **Exhibit B**: this is Employer's Position Statement and exhibits thereto, submitted to the NYS Division of Human Rights, which summarizes the facts relevant to Claimant's claims and contains the documents requested in the Notice of Unemployment Insurance Hearing.

A copy of these Exhibits are also being sent (i) electronically via 7186133566Fax@uiab.ny.gov; and (ii) to Claimant via overnight FedEx. Thank you for your attention to this matter.

Respectfully submitted,

Meaghan Roe

Encls.

cc: Brooklyn UIAB Hearing Section (via 7186133566Fax@uiab.ny.gov)
Laura L. Best (via overnight FedEx)

9/29
50670
552

NOTICE OF DECISION**CLAIMANTS****IF YOU DISAGREE WITH THIS DECISION, YOU HAVE A RIGHT TO APPEAL TO THE UNEMPLOYMENT INSURANCE APPEAL BOARD.**

Parties may be represented by lawyers or other persons of their choice on appeal to the Appeal Board. For representing a claimant, a lawyer or an agent registered by the Appeal Board may charge a fee. The fee must be approved by the Appeal Board before payment may be accepted by such lawyer or agent. No other person may charge a fee for representing a claimant. If you do not have enough money to hire a lawyer or registered agent, you may be able to get one free through your local Legal Aid Society or Legal Services Program.

TO APPEAL A DECISION

1. Continue to follow **all** instructions from the Unemployment Insurance office where you originally filed your claim and to certify for benefits as long as you are unemployed and claiming benefits. This will protect your rights to any benefits you claim.
2. Within twenty (20) days of the date printed on the face of this decision, mail a letter to the office where you originally filed your claim or to the Appeal Board at P.O. Box 15126, Albany, New York 12212-5126, or fax your appeal to the Appeal Board at (518) 402-6208. Please state that you wish to appeal and the reasons for your appeal. Include your ALJ Case Number (found just above your name on the face of the Notice of Decision) and a copy of the Notice of Decision.
3. Claimants who appeal are **not** required to pay a deposit on filing an appeal.

EMPLOYERS

If you wish to appeal this decision, you may file a notice of appeal within twenty (20) days from the date printed on the face of this decision to the office where the claim was originally filed and which issued the initial determination, or to the Unemployment Insurance Appeal Board at P.O. Box 15126, Albany, New York 12212-5126, or you may fax your notice of appeal to the Appeal Board at (518) 402-6208. Such notice of appeal should include the A.L.J. Case Number (found on the face of this Notice of Decision), the reason(s) for the appeal and a copy of the Notice of Decision.

ALL PARTIES WILL RECEIVE A NOTICE OF RECEIPT OF APPEAL DIRECTLY FROM THE APPEAL BOARD AFTER ANY APPEAL IS MADE.

INSTRUCCIONES A LOS RECLAMANTES**RECLAMANTES****SI NO ESTÁ DE ACUERDO CON ESTA DECISIÓN, USTED TIENE DERECHO DE APELARLA A LA JUNTA DE APELACIONES DEL SEGURO POR DESEMPLEO.**

Las partes si lo desean, pueden estar representadas por abogados u otras personas que ellos seleccionen en la apelación a la Junta de Apelaciones (Appeal Board). Un abogado o un agente que esté registrado por la Junta de Apelaciones, puede cobrarse honorarios por representarle. Estos honorarios deben ser aprobados por la Junta de Apelaciones antes que el pago pueda ser aceptado por dicho abogado o agente registrado. Ninguna otra persona podrá cobrar honorarios por representar al reclamante. Si usted no tiene suficiente dinero para contratar a un abogado o un agente registrado, puede conseguir uno gratis a través de la Sociedad de Asistencia Legal (Legal Aid Society) o el Programa de Servicios Legales (Legal Services Program).

PARA APELAR LA DECISIÓN

1. Continúe siguiendo **todas** las instrucciones de la oficina del Seguro por Desempleo (Unemployment Insurance) donde usted presentó su reclamo originalmente y para certificar por los beneficios mientras permanezca desempleado y esté reclamando beneficios. Esto protegerá su derecho a recibir cualquier beneficio que reclame.
2. Antes de cumplirse veinte (20) días de la fecha que aparece al frente de esta decisión, envíe una carta a la oficina donde presentó originalmente su petición o al Appeal Board a P.O. Box 15126, Albany, New York 12212-5126, o envíe por fax su apelación al Appeal Board al (518) 402-6208. Por favor, explique que desea apelar y las razones que tiene para hacerlo. Incluya su número de caso ALJ (lo encontrará justo encima de su nombre al frente de este Aviso de Decisión) y envíe una copia de este Aviso de Decisión.
3. Los reclamantes **no** necesitan depositar dinero para poder apelar su caso.

TODAS LAS PARTES RECIBIRÁN UN AVISO DE RECIBO DE APELACIÓN DIRECTAMENTE DE LA JUNTA DE APELACIONES DESPUÉS DE QUE SU PETICIÓN SEA RECIBIDA.

employment. Pursuant to Labor Law § 527, the wages paid in such employment cannot be used to establish a future claim for benefits.

The credible evidence establishes that the claimant was terminated on December 27, 2021 (by way of a letter which the claimant received on December 28, 2021) for failing to get the mandated COVID-19 vaccination. The claimant acknowledged being aware of the requirement that she receive the vaccination by that day or request a reasonable accommodation. The claimant provided credible and consistent testimony that she was unable to get the vaccination by December 27, 2021 because she was worried about the affect it would have due to her severe allergies and second heartbeat which caused her former doctor not to give her any vaccines. She provided further testimony that she was unable to submit the reasonable accommodation form by that day because it needed to be signed by a doctor and she was unable to see a doctor prior to December 27, 2021. The claimant provided detailed testimony about her efforts to see a doctor by that day at no avail.

In Matter of DeGrego, 39 NY2d 180 (1976), the court held that an employee who voluntarily engages in conduct which transgresses a legitimate known obligation and leaves the employer no choice but to discharge him has provoked his discharge. Provoked discharge is deemed to be a voluntary separation from employment without good cause. In the instant case, the credible evidence establishes that the claimant lost her employment for failing to get the mandated COVID-19 vaccination. The facts establish that her failure to get the COVID-19 vaccination, however, cannot be viewed as "voluntary" as she failed to do so because she was worried about the affect it would have due to her severe allergies and second heartbeat which caused her former doctor not to give her any vaccines and was unable, despite significant efforts, to see a doctor by December 27, 2021. It also cannot be found that her failure to submit the reasonable accommodation was "voluntary" as she needed it signed by a doctor and despite her significant efforts was unable to see a doctor by December 27, 2021. As the claimant did not "voluntarily engage" in this conduct, provoked discharge cannot be established. I, therefore, conclude that the claimant's voluntary separation from employment was with good cause under the Labor Law. Alternatively, it cannot be found that the claimant's actions constitute misconduct as she had good cause under the Labor Law for both not receiving the COVID-19 vaccination by December 27, 2021 and not submitting the reasonable accommodation by that day. Based on the foregoing, I conclude that the claimant's employment ended under non-disqualifying circumstances.

DECISION: The alternate initial determinations [a] disqualifying the claimant from receiving benefits, effective December 28, 2021, on the basis that the claimant voluntarily separated from employment without good cause; and/or [b] disqualifying the claimant from receiving benefits effective December 28, 2021, on the basis that the claimant lost employment through misconduct in connection with that employment and holding that the wages paid to the claimant by PARCHESTER PRESERVATION MG prior to December 28, 2021 cannot be used toward the establishment of a claim for benefits, are overruled.

The claimant is allowed benefits with respect to the issues decided herein.

/s/ Dawn Mark

Administrative Law Judge

Enclosure with EEOC Notice of Closure and Rights (01/22)

**INFORMATION RELATED TO FILING SUIT
UNDER THE LAWS ENFORCED BY THE EEOC**

(This information relates to filing suit in Federal or State court under Federal law. If you also plan to sue claiming violations of State law, please be aware that time limits may be shorter and other provisions of State law may be different than those described below.)

IMPORTANT TIME LIMITS – 90 DAYS TO FILE A LAWSUIT

If you choose to file a lawsuit against the respondent(s) named in the charge of discrimination, you must file a complaint in court **within 90 days of the date you receive this Notice**. Receipt generally means the date when you (or your representative) opened this email or mail. You should **keep a record of the date you received this notice**. Once this 90-day period has passed, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and the record of your receiving it (email or envelope).

If your lawsuit includes a claim under the Equal Pay Act (EPA), you must file your complaint in court within 2 years (3 years for willful violations) of the date you did not receive equal pay. This time limit for filing an EPA lawsuit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, your lawsuit must be filed within 90 days of this Notice **and** within the 2- or 3-year EPA period.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Filing this Notice is not enough. For more information about filing a lawsuit, go to <https://www.eeoc.gov/employees/lawsuit.cfm>.

ATTORNEY REPRESENTATION

For information about locating an attorney to represent you, go to:
<https://www.eeoc.gov/employees/lawsuit.cfm>.

In very limited circumstances, a U.S. District Court may appoint an attorney to represent individuals who demonstrate that they are financially unable to afford an attorney.

HOW TO REQUEST YOUR CHARGE FILE AND 90-DAY TIME LIMIT FOR REQUESTS

There are two ways to request a charge file: 1) a FOIA Request or 2) a Section 83 request. You may request your charge file under either or both procedures. EEOC can generally respond to Section 83 requests more promptly than FOIA requests.

Since a lawsuit must be filed within 90 days of this notice, please submit your request for the charge file promptly to allow sufficient time for EEOC to respond and for your review. Submit a signed written request stating it is a "FOIA Request" or a "Section 83 Request" for Charge Number 16G-2022-01714 to the District Director at Timothy Riera, 33 Whitehall St 5th Floor

New York, NY 10004.

You can also make a FOIA request online at <https://eeoc.arkcase.com/foia/portal/login>.

Instructions: IT IS IMPORTANT THAT YOU PARTICIPATE IN THIS HEARING

Claimant: If the Judge reduces or denies benefits, you may have to repay benefits you have already received.

Employer: If a decision results in new or increased benefits, these benefits will be charged to your unemployment insurance account.

IF YOU NEED REPRESENTATION

You have the right to be represented at your hearing by anyone you choose. If you want a representative but have not yet found one, you may try to find one from the list of representatives that you received with your Notice of Receipt of Hearing Request. The list is online at www.labor.ny.gov/ui-appeal. Click on Resources, then click on List of Attorneys and Authorized Agents. If you are having problems finding the list or have no access to the internet, call the number listed on the first page of this Notice promptly.

WITNESSES

It is important that you appear at the hearing and bring with you all witnesses who actually saw or heard what happened. While second hand (hearsay) testimony will be considered, it will not be given the same weight as eyewitness testimony.

SUBPOENAS

If you cannot get a witness to testify or do not have a copy of a document you wish to show the Judge, you can ask the Judge at the hearing for a subpoena. The Judge will determine if the subpoena is necessary.

ADJOURNMENTS AND REOPENINGS

If you cannot attend the scheduled hearing, you may request a change of date. Hearings are adjourned or postponed only if the judge approves the request. The judge will decide whether your reason meets legal standards. If you request an adjournment, do so as soon as possible in writing or, if there is not enough time, by telephone. Fax and phone numbers are listed on the first page of this Notice. If the judge denies your request, the hearing will be held as scheduled.

If you do not attend the hearing and the outcome is not in your favor, you may apply to reopen your case. Apply in writing within a reasonable time. There will be a new hearing scheduled to decide if you had a good reason to miss your hearing, and whether you will be allowed to reopen your case. If there were prior hearings where testimony was taken and you did not appear, you should listen to those hearings before the next hearing date. Contact the hearing office listed on this notice to make those arrangements.

PHONE HEARINGS

If you have been directed to appear for this hearing by telephone, a landline is best. The judge's phone number is restricted. Remove any blocks on your phone so you receive the judge's call at the time of the hearing. Check to see that your direct phone number and any extension appear on the Notice of Hearing. If the phone number or extension is incorrect immediately contact this office by phone or by fax.

INTERPRETERS:

If you filed your Unemployment Insurance Claim in a foreign language, an interpreter will automatically be provided for you at the hearing. If you filed a claim in English but need help speaking or understanding English, you must request that an interpreter be provided for you at the hearing. Call the phone number listed on the first page of this Notice as soon as possible to request an interpreter.

CONTINUE TO CERTIFY WEEKLY

If you are still unemployed and continuing to seek benefits, you must continue to certify for benefits weekly as instructed when you filed your claim.

Please look on the reverse side for additional information.

Keep this notice and bring it to hearing.

Page

Sírvase leer el reverso para obtener información adicional.

5

Guarde esta notificación y tráigala consigo a la audiencia.

AB-666 (07/13)

Reclamante: si el juez reduce o deniega sus beneficios, se le podrá pedir reintegrar el monto de todo beneficio ya recibido.

Empleador: si la decisión adoptada tiene como resultado una nueva emisión o incremento de beneficios, dichos beneficios se acreditarán a su cuenta de seguro de beneficios por desempleo.

REPRESENTANTES

Usted tiene el derecho de nombrar una persona de su elección para que lo represente en la audiencia. Si desea nombrar un representante pero todavía no ha elegido uno, le sugerimos seleccionar uno de la lista de representantes que recibió junto con la Notificación de Recibo de Petición de Audiencia. La lista la puede ver en línea en www.labor.ny.gov/ui-appeal. Haga clic en Recursos y luego clic en Lista de Abogados y Agentes Autorizados (List of Attorneys and Authorized Agents). Si no puede encontrar la lista o no tiene acceso al internet, marque inmediatamente el número de teléfono señalado en la primera página de esta notificación.

TESTIGOS

Es importante que se presente a la audiencia y traiga consigo los testigos que vieron u oyeron lo que ocurrió. Si bien el testimonio de oídas se toma en cuenta, no tendrá el mismo peso que el testimonio ocular.

CITACIONES JUDICIALES

Si no le es posible presentar el testimonio de un testigo o no tiene la copia de un documento que desea presentar como prueba, le puede solicitar al juez durante la audiencia que emita una citación judicial. El juez decidirá si la citación judicial es pertinente.

POSTERGACIONES Y REAPERTURAS

Si no puede asistir a la audiencia programada, puede solicitar un cambio de fecha. Las audiencias se aplazan o postergan solamente si el juez lo aprueba. El juez decidirá si el motivo que usted plantea cumple con los requisitos establecidos por ley. Si solicita una postergación, hágalo lo antes posible por escrito; si no hay suficiente tiempo, hágalo por teléfono. El número de fax y número de teléfono aparecen en la primera página de esta notificación. Si el juez deniega su petición, la audiencia se llevará a cabo en la fecha programada.

Si no asiste a la audiencia y el resultado no es a su favor, puede solicitar la reapertura de su caso. Solicítelo por escrito con anticipación dentro de lapso de tiempo razonable. Se llevará a cabo una nueva audiencia con motivo de decidir si usted tuvo un motivo justificado por el cual no asistió a la audiencia y si se le permitirá reabrir su caso. Si hubo audiencias previas en las cuales se presentó testimonio y usted no compareció, le recomendamos examinar esas audiencias antes de la próxima audiencia imparcial programada. Comuníquese con la oficina de audiencias imparciales señalada en esta notificación para hacer los arreglos necesarios.

AUDIENCIAS POR TELÉFONO

Si se le ha ordenado comparecer a esta audiencia por teléfono, un teléfono de red fija es preferible. El teléfono del juez es de uso limitado. Retire todo bloqueo de su teléfono para que la llamada del juez a la hora de la audiencia pueda pasar sin ningún problema. Verifique que su número directo de teléfono y extensión aparecen en la Notificación de la Audiencia. Si el número de teléfono o extensión están incorrectos, comuníquese inmediatamente con esta oficina por teléfono o por fax.

INTÉRPRETES

Si usted registró su Reclamación de Seguro por Desempleo en un idioma extranjero, se le suministrará automáticamente un intérprete en la audiencia. Si su reclamación fue hecha en inglés pero necesita ayuda para hablar o entender inglés, debe solicitar que se le suministre un intérprete en la audiencia. Marque el número de teléfono indicado en la primera página de esta notificación lo antes posible y solicite un intérprete.

CONTINUE REPORTANDO SEMANALMENTE

Si usted continúa desempleado y cobrando beneficios por desempleo, usted debe continuar reportando semanalmente los periodos de desempleo tal como se le indicó cuando registró su reclamación de beneficios.

Please look on the next page for additional information.

LAURA BEST

VS

Plaintiff

PARKCHESTER PRESERVATION MG PPC

Defendant

STATE OF NEW YORK, COUNTY OF NASSAU, SS.:

AFFIDAVIT OF SERVICE

Ahmed A. Abderrahman, being sworn deposes and states that, the Deponent is not a party herein, is over the age of 18 years and resides in the State of New York.

That on 12/8/2022, at 12:56 PM at 2000 EAST TREMONT AVENUE, BRONX, NY 10462, Deponent served the within **DECISION AND NOTICE OF DECISION NOTICE OF UNEMPLOYMENT INSURANCE HEARING LETTER AND EXHIBITS**, with the index number and the filing date of the action were endorsed upon the face of the papers so served herein. On: PARKCHESTER PRESERVATION MG C/O RICKY PIZARRO CEO, Defendant therein named, (hereinafter referred to as "subject").

By delivering to and leaving with **Ms Lilly M** said individual to be **Authorized Agent** who specifically stated he/she was **authorized to accept** service on behalf of the Corporation/Government Agency/Entity/Partnership. A description of Ms Lilly M is as follows:

Sex: Female **Color of skin:** White **Color of hair:** Brown **Age:** 55

Height: 5ft4in-5ft8in **Weight:** 100-130 Lbs. **Other :**

In addition, the recipient described above, would not provide her full name.

Sworn to before me on December 9, 2022

Denise Bedell

Notary Public - State of New York

No. 01BE6091831; Qualified in Nassau County

My Commission Expires MAY 5, 2023



Client's File No.: 2022001612

Process Server, Please Sign

Ahmed A. Abderrahman

Lic# 2067334

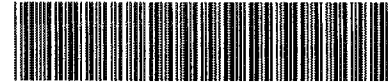
Job #: 2247425

Direct Process Server LLC
 22 Southern Blvd
 Suite 103
 Nesconset, NY 11767
 Phone: (631) 406-6989
 Fax: (631) 610-1987
 26-4340231

INVOICE

Invoice #DPR-2022001612
 12/19/2022

Original Date: 12/9/2022



LAURA BEST
 28 METROPOLITAN OVAL 1G
 BRONX, NY 10402

Case Number: Bronx 022-19883

Plaintiff:
LAURA BEST

Defendant:
**PARKCHESTER PRESERVATION MG, PPC PROPERTY SERVICES LLC OLSHEN PRPERTIES, HERRICK
 FEINSTEIN LLP AND AVERY MEHLMAN**

Received: 12/6/2022 Served: 12/8/2022 12:56 pm CORPORATE
 To be served on: PARKCHESTER PRESERVATION MG

ITEMIZED LISTING

Line Item	Quantity	Price	Amount
Rush Service	1.00	245.00	245.00
SAME DAY SERVICE FEE	1.00	40.00	40.00
TOTAL CHARGED:			\$285.00
12/6/2022 CC **3270 4VR89110SG0732703			285.00
BALANCE DUE:			\$0.00

Thank you for your business!

Please enclose a copy of this invoice with your payment Make Check Payable to Direct Process Server LLC.
 Payment can also be made at our web site @ www.DirectProcess.com click "Pay You Way" and follow the instructions. Payments are due upon receipt of this invoice and payment not received within 10 day are subject to late fees.

We offer service in New York ,New Jersey, Connecticut State-wide. Please contact us if a witness fee has not been used for a refund.

NYS DEPARTMENT OF LABOR
PO BOX 15131
ALBANY NY 12212-5131



NEW YORK STATE DEPARTMENT OF LABOR
NOTICE OF DETERMINATION TO CLAIMANT

DATE MAILED: 7/20/2022
SSN: ***-**-8953 LO: 831

EMP: PPC PROPERTY SERVICE

LAURA L BEST
28 METROPOLITAN 1G
BRONX NY 10462-6735

PLEASE REFER TO THOSE ITEMS WHICH ARE SELECTED ☒ BELOW AND READ THE BACK OF THIS FORM

1. ☒ NOTICE OF DETERMINATION

NO UNEMPLOYMENT INSURANCE BENEFITS WILL BE PAID TO YOU FOR THE PERIOD BEGINNING 12/28/2021 UNTIL YOU HAVE SUBSEQUENTLY WORKED FOR AN EMPLOYER AND EARNED AT LEAST 10 TIMES YOUR WEEKLY BENEFIT RATE. EMPLOYMENT AND EARNINGS FROM NON COVERED, EXCLUDED OR SELF-EMPLOYMENT WILL NOT COUNT. YOUR WEEKLY BENEFIT RATE IS \$504.

DETERMINATION

YOU ARE DISQUALIFIED UNDER SECTION 593.1 OF THE UNEMPLOYMENT INSURANCE LAW BECAUSE YOU QUIT YOUR JOB WITHOUT GOOD CAUSE.

REASON

YOU QUIT YOUR JOB ON 12/27/2021 BECAUSE YOU REFUSED TO GET THE COVID 19 VACCINATION AS REQUIRED BY YOUR EMPLOYER PER THE DECEMBER 2021 NYC VACCINE MANDATE. YOUR EMPLOYER INFORMED YOU THAT RECEIVING THIS VACCINATION WAS REQUIRED TO CONTINUE YOUR EMPLOYMENT, AND MANDATORY VACCINATIONS ARE PERMISSIBLE UNDER NYS LAW. YOUR FAILURE TO RECEIVE THE VACCINATION IS CONSIDERED TO BE A QUIT WITHOUT GOOD CAUSE.

2. ☐ NOTICE OF DETERMINATION OF WILFUL MISREPRESENTATION

REASON

☐ This notice supersedes the one sent you dated _____ which has been cancelled.

TO PROTECT YOUR RIGHTS, READ THE BACK OF THIS FORM

By: LABOR SERVICES REPRESENTATIVE
FOR THE COMMISSIONER OF LABOR

Unemployment Insurance Benefits Hearing Information

To Claimant:

- Right to a hearing:** If you disagree with this determination, you have the right to request a hearing before an impartial Administrative Law Judge. This is at no cost to you.
- How to request a hearing:** You must request a hearing no later than thirty (30) days from the mail date on this notice. If you do not, you may lose the opportunity to contest this determination. You can request a hearing online by sending a secure message through your NY.gov account. Go to: www.labor.ny.gov/signin. You may also make your request by filling out the Claimant Request for Hearing (LO 435) form. Go to <https://labor.ny.gov/formsdocs/ui/LO435.pdf>. Your request must include the last four digits of your Social Security number, your current mailing address and phone number, the mail date of this determination and why you disagree with it.
- Representation at hearings:** You have the right to bring an attorney or other representative of your choice with you to a hearing, though it is not required. For a list of legal resources, go to www.uiappeals.ny.gov. Select the Helpful Information tab and then "Guides and Resources." Choose the "List of Attorneys and Authorized Agents." You may also request this list by calling (518) 402-0205.
- More hearing information:** For more information about hearings, see the Unemployment Insurance Claimant Handbook at: www.labor.ny.gov/uihandbook and our Frequently Asked Questions at <https://labor.ny.gov/ui/claimantinfo/HearingProcess.shtm>. You can also call the Telephone Claims Center at (888) 209-8124 from 8:00 AM to 5:00 PM, Monday through Friday.
- Weekly certification:** Benefits may be withheld while you wait for the hearing. If the Administrative Law Judge decides in your favor, any benefits due to you will be paid retroactively as long as you have continued to claim weekly benefits. You should claim for each week that you are still unemployed or working less than four days and earning less than the maximum benefit amount.
- Can I still collect benefits on this claim:** If you agree with this determination, you might still be eligible for future benefits on this claim or you may be able to file a new claim for benefits. For more information, call the Telephone Claims Center at (888) 209-8124.
- Overpayments and Monetary Penalties:** If you have not repaid the entire amount of benefits overpaid to you and any monetary penalties, the Department of Labor may take legal action to file a judgement against you. Any payments due to you from New York State may also be seized. These payments include future Unemployment Insurance benefits, contract payments, state and federal tax refunds and other payments. If you cannot pay the full amount you owe at one time, call (800) 533-6600 to request a payment plan.
- Forfeit penalty:** If you have a forfeit penalty, your future Unemployment Insurance benefits will be reduced by the number of forfeit days indicated. This means you will not receive benefits until after you have claimed benefits for days equal to the number of your forfeit penalty days. Remember, you must certify for benefits in order to reduce the penalty.

To Employer:

If you are not satisfied with this determination, you may ask for a hearing before an impartial Administrative Law Judge. This is at no cost to you.

Your request must be made in writing to the New York State Department of Labor (DOL) address on the front of this notice. It must be postmarked no later than thirty (30) days from the date of this notice. If your request is postmarked later than thirty (30) days, you should provide the specific reason for the late request.

If you request a hearing, you must provide complete details on why you object to the determination. Failure to state your objections with specifics may result in a limitation on the grounds you may raise at the hearing. A copy of your objections will be sent to the claimant.

For more information about hearings, see the Employer's Guide to Unemployment Insurance, Wage Reporting and Withholding Tax (NYS50), visit, <http://labor.ny.gov/ui/employer.shtm>, or call (888) 899-8810.

Second Page

Mail Date: 05/25/2022

EFF.DT. 05/23/2022

LO# 831

SOCIAL SECURITY NO 112-58-8953

ER NO. 49-78707

Employer Name:

PARKCHESTER PRESERVATION Mgmt LLC

Address:

2000 East TREMONT AVE

Telephone Number:

718-518-1000 OR 718-5362100

Name of Supervisor:

CHRISTAL McBill OR RICKY PIZZARO

1. When was your last physical day of work for this employer? (m/d/yr) 12/23/21
2. When was your first day of work for this employer? (m/d/yr) 10/2089
3. What was your job title? LEVAL REPRESENTATIVE
4. What were your job duties? Serve legal NOTICES, EVICTIONS, VIOLATION ETC.
5. Rate of pay (dollars and cents) \$

Per: ☒ Hour ☐ Day ☐ Week ☐ Bi-week ☐ Year

6. a. How many hours per week did you work? 8
- b. Did you work a rotating or changing schedule? ☐ Yes ☒ No
- c. Enter your hours and days of work. (Indicate the schedule of your last FULL week worked)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Starting	8:30	8:30	8:30	8:30	8:30	OFF	OFF
Ending	5:00	5:00	5:00	5:00	5:00	11	11

7. How were you informed of the discharge?

☐ In person ☐ By phone ☐ By letter ☒ Other (specify other) FED EX ON 12/28/21

Who informed you of the discharge?

Staff member name:

RICKY PIZZARO ; Betty Jimenez

Staff member title:

CEO ; Human Resource

Date you were informed: (m/d/yr)

12/27/21

8. Were you given a reason for your discharge?

☒ Yes ☐ No

If "No",

Skip to 14

If "Yes",

What specifically were you told about why you were discharged?

that I did not take vacation. However I asked for time and they DENIED me time and told me leave of Absence without pay then I got the Termination

9. Was there a final incident that led to your dismissal? ☐ Yes ☒ No

If "No",

Skip to 14

If "Yes",

What was the final incident, etc.?

What date did it occur? (m/d/yr)

LAURA Best
28 metropolitan oval #16 646-359-7146

Good morning,

I am requesting a Hearing
FOR UNEMPLOYMENT. I did NOT
refused to take the vaccine.
I am allergic to eggs, milk and
a few other ingredients

I have seasonal allergies
I am a Vegan

and I have a second
~~HEART~~ Beat

I did not need to
take the vaccine.
thanks.

My Doctor resigned
During the
Pandemic

So I had NO Doctor to Evaluate me
OR tell me if its OK to take the vaccine

see attached.

Xerox® WorkCentre® 6515DN Multifunction Printer



Confirmation Report

Fax Number 7182924438
 Local Name
 Fax Name PostNet NY138

The job has been sent.
 Original Size: 8.5 x 11"

POSTNET®
 CREATE • DUPLICATE • DELIVER

1451 West Avenue, Suite I-2 (Next to the Post Office)
 Bronx, NY 10462
 Tel: 718-292-4077
 F: 718-292-4438
 ny138@postnet.com

FAX COVER SHEET	
COPY SERVICES	DATE: <u>12/4/2022</u>
PRINTING SERVICES	
FINISHING SERVICES	TO: <u>Federal Court</u>
SIGNS AND BANNERS	FAX: <u>631-610-1987</u>
FEDEX/UPS/DHL/USPS SERVICES	PHONE: _____
PRIVATE MAILBOX RENTALS	FROM: <u>LAURIA BEST</u>
PACKAGING SERVICES & SUPPLIES	PHONE: <u>646-359-7146</u>
WORLDWIDE FAX SERVICES	# OF PAGES TRANSMITTED (INCLUDING THIS PAGE): _____
NOTARY SERVICES	NOTES: <u>I am regarding court</u>
COMPUTER RENTAL STATIONS	<u>Date For UNLAWFUL Terminals</u>
INTERNET ACCESS	<u>Worked for Patrick Chester</u>
& MUCH MORE!	<u>Preservation Mgmt For</u>
	<u>33 leads.</u>
	<u>Thank</u>
	<u>Myra J. Best</u>

This facsimile is CONFIDENTIAL and contains information intended only for the party to which it is addressed.
 No reproduction of this fax may be made without the written consent of the addressee.
 Each PostNet Center independently owned & operated. Services may vary.

No.	Job	Remote Station	Start Date & Time	Duration	Pages	Protocol	Contents	Status
1	1276	16316101987	12-6; 12:16 PM	4:05	14/14	ECM		Completed

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

My NAME IS LAURA Best, I WORKED FOR PARKCHESTER PRESERVATION Management LLL FOR 33 YEARS. My SUPERVISOR NAME IS CRYSTAL McMill DIRECTOR OF THE Legal Department, Ricky PIZARRO CHIEF OPERATING OFFICER, FRANK CRISCIONE DIRECTOR OF OPERATIONS, RUBIN BONANO CONTROLLER FOR ACCOUNTS RECEIVABLE, Betty JIMENEZ DIRECTOR OF HUMAN RESOURCES, Liz PIZARRO LEUTENANT OF PARKCHESTER South Condo Public Safety Department, Lt Evangelis Pelios OF Parkchester South Condo Public Safety Department, Hedy Bucala Office Manager/Legal SVSC Supervisor. I worked FOR THE COMPANY AND DID MY WORK TO THE BEST OF MY ABILITY NO COMPLAINTS AS FAR AS MY WORK WAS CONCERN, HOWEVER DUE TO FAMILY MEMBERS BEING HARMED AND NOT OBLIGE FOR SAID POSSESSION IT BECOMES UNFAIR WHEN I WAS HIRED I HAD A LIBERAL ARTS & SCIENCE DEGREE NOW MR. RICKY PIZARRO HIRED AN HIS FAMILY AND FRIENDS INCLUDING MY SUPERVISOR CRYSTAL McMill AND HER KIDS FATHER AND THEY BOTH HAVE NO DEGREE BUT LEFT I WAS WORKING IN legal Department BEFORE HER AND WHEN THE SUPERVISOR DIED MR. RICKY AND LINDA FIELDS GAVE CRYSTAL McMill THE JOB AS DIRECTOR. Her kids FATHER IS BROTHER IN LAW TO RUBEN BONANO AT 2000 EAST TOWN HS A SPANISH OR PUERTO RICAN FAMILY AFFAIR ITS A FAMILY CONNECTION. I ALWAYS GO TO WORK ON TIME RUN MY BUSINESS AND WHEN I SEE MIS TREATMENT I STAY QUIET

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.

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I WAS ON VACATION December 13-17/21 RETURN TO WORK
 December 20/21 ON December 16/21 my Supervisor C
 McMill send me a text that the company want
 the worker to take the vaccine ON December 21.
 OR WE CANNOT WORK I WENT TO WORK ON Monday
 December 27/21 my Supervisor MS McMill was
 ON VACATION SO I WENT TO SPEAK TO HUMAN RESOUR
 OFFICE OF BETTY JIMENEZ SHE WAS NOT IN
 BUT HER ASSISTANT TOOK THE INFORMATION
 MS BETTY JIMENEZ NEVER CALLED ME INTO HER
 OFFICE ALTHOUGH SHE WAS IN ALL WEEK
 THURSDAY December 23/21 AND ASKED ME IF I AM
 GOING TO THE VACCINE AND THAT I HAVE UNTIL THE
 27TH OF DECEMBER I EXPLAIN TO HER THAT MY
 DOCTOR BEDIKO NO LONGER HAVE HIS OFFICE
 AND I HAVE NO WAY OF GETTING IN TOUCH WITH
 HIM AND I HAVE BEEN TRYING TO GET ANOTHER
 DOCTOR BUT ITS BEEN HARD AND THEY ARE ALL
 BOOKED UP AND THE REASON WHY I NEED
 TO SEE A DOCTOR BEFORE I TAKE THE VACCINE
 IS BECAUSE I HAVE A SECOND WHEAT BEAT
 AND HAVE SEASONABLE ALLERGIES
 AND I AM A VEGAN SHE REPLY I CANT GIVE YOU
 NO TIME I SAID PLEASE I NEED SOME TIME
 SHE REPLY NO I WAS SO HURT I HAD BEEN
 IN HER OFFICE BEFORE BECAUSE OF WRONG FULL
 ERRORS AND SHE IS HAVING AN AFFAIR WITH
 RICKY PIZARRO AND MR PIZARRO DOES NOT
 LIKE ME BECAUSE HE KNOW I KNOW SOME OF THE
 INJUSTICE THAT THE MANAGEMENT HAVING
 STILL DOES I WAS VERY UPSET WITH
 THE ANSWER THAT MS BETTY JIMENEZ DIRECTOR
 OF HUMAN RESOURCES GAVE ME.

So, I went to MR Ricky Pizarro Office
 and Asked his Assistant Lilly Mascic can I
 please speak to MR Pizarro it was 1 PM
 in the After Noon MR Never called me in
 his office until 4:50 PM we get off work at
 I then proceed to explain exactly what I
 said to MS Jimenez Regarding my Health
 and my Doctor Situation MR Pizarro
 Denied me all Request I also ask both
 MS Jimenez and MR Pizarro for my vaca
 pay and I was Denied my vacation / sick Days
 pay I was so hurt I said to him all the
 year am working here and this is the
 treatment am getting All He said was
 sorry you will be on leave of Absence without
 pay and good Night and I left his office
 on December 28/21 I received a Fedex
 package from Betty Jimenez sign by
 Ricky Pizarro that I am terminated
 I was shocked and hurt very hurt
 how they both told me that I was
 on leave of Absence without pay and
 now you send me a Fedex that I am
 terminated NO ONE called me from the office
 last year 2020 I was getting rid of an old
 television so I had a family helping (I reside
 in Parkchester also) He had a Dolly with the TV on
 in we took it to the truck I came up stairs with
 the Dolly and my family left to get rid of the TV.
 The next Day I went to work and got a call from
 Lt Pellios from Parkchester Public Safety Department
 Accusing me of Stealing a Hand Truck, I said
 Pelios you know me Please look at your camera

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Aga and I was upset and I hang up I did
 Well Because of the accusation He then call Back
 to say he made a mistake However MR RICK
 Pizarro Sister Liz Pizarro is the Lieutenant
 of Parkchester South Public Safety Department, MR Pizarro
 Was Not in the Building When the accusation occur
 However this Family and Ends like to take New
 to him No matter what happens. He was told that
 I was loud and vulgar on the phone when
 Lt Pellios called me He called me into his
 office and told me I was suspended
 without pay and written up and that
 I should have not gotten upset because
 that was nothing I told him I am not
 a thief and refuse to have someone call
 me that He said get your things
 and you are suspended for a day without
 pay I left feeling very hurt.

Now I have seen a lot of things
 thats UN fair like other getting more
 raise than me / PROMOTION
 AND other UN fair
 Activity AND they know

I know whats going on
 But they had NO reason to fire
 me so they used the

Verdict
 Thanks for your help in this matter.

Best